

**REVOCATION OF POWER OF
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| | |
|------------------------|---------------------------|
| Application Number | U.S. Patent No. 6,822,713 |
| Filing Date | Issued 11/23/2004 |
| First Named Inventor | Yaroshchuk, et al. |
| Art Unit | |
| Examiner Name | Dudek, James A. |
| Attorney Docket Number | 200047.00141 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--------------|
| Signature | <i>Charmaine Streharsky</i> | | |
| Name | Charmaine Streharsky, Licensing Coordinator KENT STATE UNIVERSITY | | |
| Date | 3-4-2008 | Telephone | 330-672-2658 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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